STATEMENT OF CLAIMANT FORM FOR

DOMESTIC USE AMENDMENT

File N	o. 39-	
	•	
Date I	Filed:	

WFN_		

SUPERIOR COURT OF APACHE COUNTY

1.	. Claimant Name:										
						City					
								one			
2.	Racio	e of (Claim:		•						
۷.				Right acquired	d prior to Ju	ne 12	. 1919. 1974 W	later Rights Registra	tion Act		
	,	A. Appropriation Right acquired prior to June 12, 1919. 1974 Water Rights Registration Act Registry No									
	B.		Appropriation	appropriation Right acquired after June 12, 1919. Application No,							
				t No, or Certificate of Water Right No							
	C.	Ш	Decreed water right. Principal litigants, court, date and case no.								
	D.		Right to without	withdraw groundwater. Grandfathered Right No.							
	E.		Other, describ	oe:							
3.	Claim	ed P	riority Date:_	//	(month/d	day/ye	ar)				
4.	Sourc	e of	Water:				**.				
				9			, tributary to				
	в. І		Spring: name				, tributary to				
	C.		Lake or Rese	rvoir: name _			, tributary to	*			
			Groundwater.			1. 7					
5.	A.	Lega	I description	of the Point of	of Diversion	, v.	to the second				
	(Coun	ity		, Section		,Township	N/S, Range	E/W		
	1	Lega	Subdivision:								
		J		1/4		1/4.	of the Section				
	В.	Legal description of the Place of Use: (one of the following)									
	County, Section, Township		,Township	N/S, Range	E/W						
	i	Legal	Subdivision:	· · · · · · · · · · · · · · · · · · ·							
			1/4,	1/4	,	1/4,	of the Section,	or			
		Parcel I.D, or									
				1			No	Lot No.	none		
6.	if the	there are Irrigation, Stockpond or Other Uses supplied from the point of diversion, describe:						ribe:			
			A								
7.	Moans	e of i	Diversion:								
	-		Instream pum	D.							
	-	_	and the second of the second o								
		☐ Well: Arizona Department of Water Resources Well Registration No. 55									
	_			e:		.0000					
	D. L		Other, describ	· C ·							

8. Number of persons	or dwellings	served by this use.
9. Annual Volume Claimed:	acre-feet	
_	tive from the Department of Water Res owing will grant permission to enter yo	ur property for the purpose of
•	entative of the Department to contact instructions regarding time of day or	address to aid in locating the
12. Additional comments:		
(attach additional sheet if required) 13. Mail form(s) to: AZ DEPT OF WATER		TON DO DOY 459
PHOENIX, AZ 8500		ION, PO BOX 438,
14. Notarized Statement:		
the claimant(s) named in this claim, do		
(seal)		
My Commission Expires	Notary	y Public
	or,	Department of Water Resources